Schedule E)		PAGE 1 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New rep	port Amends report fi	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination
		09 02 2014
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	50.00
Winchester VA	22602	Transaction ID: 898bee5b-1f7b-4613-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary ⊠ General 14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Rodney D Culbreth		09
Mailing Address 100 Asbury CT		Amount
3200 Dam Neck Rd		
City State Winchester VA	Zip Code 22602	40.00 Transaction ID: 6eb2558f-536f-45de-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 02 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
•	,	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	09

Schedule E)	VI EXI END			PAGE 2 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
01 - 1 "		. 🗆 .		W / D D / Y Y Y Y Y
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	
Full Name of Payee Rze Culbreath			М =	
Mailing Address 100 Asbury Ct			Amount	02 2014
Cit.	Ototo	7:a Cada		40.00
City Winchester	State VA	Zip Code 22602		40.00 ion ID: 98edb970-e202-4b16-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of t	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	278045.05	Disbursement F 2014 Othe	or: Primary ⊠ General r (specify) ▶
Full Name of Payee	_		Date of I	Public Distribution/Dissemination
Eric J Smith			M 09	
Mailing Address 4967 Dysartville			Amount	
City	Ctata	Zin Codo		90.00
City Morganton	State NC	Zip Code 28655	Transacti Date of I	80.00 on ID : 01ceebcd-073a-4a99-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	278045.05	Disbursement F 2014 Othe	or:
(a) CURTOTAL of Housined Independent Funerality				100.00
(a) SUBTOTAL of Itemized Independent Expenditure	res		. •	120.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cosses so
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Jennifer E Smith	Date of Public Distribution/Dissemination
	09 / 02 / 2014
Mailing Address 4967 Dysartsville Rd	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID: 73692dc8-2f72-4fb5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 278045.05	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Jennifer E Smith	Date of Public Distribution/Dissemination
	09 / 02 / 2014
Mailing Address 4967 Dysartsville Rd	Amount
City State Zip Code	6.00
Morganton NC 28655	Transaction ID : bc6bac1f-48e2-4977-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 02 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 278045.05	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	86.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	09 04 2014
Signature	

Schedule E)	DENT EXTENT	JII OILLO	PAGE 4 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Facebook			09 / 02 / 2014
Mailing Address 1601 S California Ave			Amount
City	State	Zip Code	209.44
Palo Alto	CA	94304	Transaction ID: 558a13c1-ab54-4464-8 Date of Disbursement or Obligation
Purpose of Expenditure Ads		Category/ Type 004	09 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,,	73628.00	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Misty A Ledford			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell St			Amount
City	State	Zip Code	40.00
Spruce Pine	NC	28777	Transaction ID: 4f79d39f-85f6-4ccf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		249.44
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule E)		II OILEO		PAGE 5 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Misty A Ledford				09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell St			Amour	nt
City	State	Zip Code		16.50
Spruce Pine	NC	28777		action ID : 6fb3a635-a821-4826-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Hagan		Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	2	278045.05	Disbursement 2014 Ot	t For: Primary
Full Name of Payee Malinda Ledford			Date of	of Public Distribution/Dissemination
			M	09 02 2014
Mailing Address 44 Bell Street Ext			Amou	nt
City	State	Zip Code		40.00
Spruce Pine	NC	28777	Transa Date of	ction ID : ec233c86-8d7a-4a0f-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(-) CURTOTAL of Remined Independent Eveneralityres				50.50
(a) SUBTOTAL of Itemized Independent Expenditures.			· L.	56.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 09	04 2014
Signature		_ · · · · · · · · · · · ·		

Schedule	E)		1101120		PAGE 6 OF 65 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
Full Nan	ne of Payee			Date of	of Public Distribution/Dissemination
Malir	ida Ledford				09 02 2014
Mailing	Address 44 Bell Street Ext			Amou	nt
City		State	Zip Code		16.50
Spruce		NC	28777		action ID : 23e9d174-014f-4546-8 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	М	09 02 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	/ Hagan		Oppose	Preside	NC NC
	endar Year-To-Date Election for Office Sought	, ,	278045.05	Disbursemen 2014 O	t For: Primary ⊠ General
Full Nar	ne of Payee			Date of	of Public Distribution/Dissemination
Aaror	n L Griffin			M	09 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 4830 Westin Park Drive				09 02 2014
				Amou	nt
City		State	Zip Code		40.00
Conwa		AR	72034	Transa Date	ction ID : f9f8acf9-b01a-4487-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	M	09 / 02 / 4 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mar	k L Pryor		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	y y	73628.00	Disbursemen 2014 O	t For:
(a) SUB	FOTAL of Itemized Independent Expenditu	ıres		•	56.50
(b) SUB	FOTAL of Unitemized Independent Expendent	ditures		• •	
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7
with, or a	nalty of perjury I certify that the indepen t the request or suggestion of, any candi nmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	04 / 2014
Signat	ure		_		

Schedule E)	IN EXILIN	DITOTILO	PAGE 7 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Aaron L Griffin			09 / 02 / 2014
Mailing Address 4830 Westin Park Drive			Amount
City	State	Zip Code	2.70
Conway	AR	72034	Transaction ID : f14d704b-5847-4a3f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Facebook Inc			09 / 02 / 2014
Mailing Address P.O Box 10005			Amount
Department 415			
City Palo Alto	State CA	Zip Code 94303	450.00 Transaction ID : 5e7c349c-7ccc-410e-b
Purpose of Expenditure			Date of Disbursement or Obligation
Facebook Advertising		Category/ Type 004	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	urae		. 452.70
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDIT	uies		432.70
(b) SUBTOTAL of Unitemized Independent Exper	ditures		>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 04 7 2014
-			

Schedule E)	DENT EXTEND	TOTILO	<u> </u>	PAGE 8 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee LR3 Consulting LLC				Distribution/Dissemination
Mailing Address 2133 Silverside Dr			09	02 / 2014
Ste A			Amount	
City	State	Zip Code		50.00
Baton Rouge	LA	70809		o: 8135b9c0-daad-47ab-a sement or Obligation
Purpose of Expenditure Facebook Advertising Management		Category/ Type 004	09	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	1	04561.02	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee	·		Date of Public	Distribution/Dissemination
Joseph R Rys			09	02 / 2014
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code		55.00
New Bern	NC	28560		: e9cf0d03-a9bd-47b0-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			105.00
#\\ QUIDTOT!!	e.		1 1 7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron.	ically Filed] Date	09 / 04	2014
•				

Schedule E)	OTIES	PAGE 9 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	Amends report filed of	on
Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination
Mailing Address 160 #50 Pompano Dr		09 02 2014 Amount
City State Zi	ip Code	8.19
	8560	Transaction ID : 1e11bcfc-99d6-41f7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 02 7 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought 278	Disburs 2014	sement For: Primary
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination
Mailing Address 3205 Pebble Beach Rd		09 02 2014 Amount
Ctoto 7	5- O-d-	12.00
	ip Code 72034	12.00 Fransaction ID: 63448faa-996e-4b26-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	73628.00 Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	20.19
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	ally Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	NOCI ENDENT EXTEND	TI OTILO	PAGE 10 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 4	8-hour report New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Logan B Piper			09 / 02 / 2014
Mailing Address 3205 Pebble Be	ach Rd		Amount
City	State	Zip Code	2.22
Conway	AR	72034	Transaction ID : 95b4ab05-11e5-4b06-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	73628.00	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			09 / 02 / 2014
Mailing Address 307 Farris Rd	Apt 1		Amount
City	State	Zip Code	30.00
Conway	AR	72034	Transaction ID : a66f9521-0156-4a1c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Souç	ht	73628.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Indep	endent Expenditures		32.22
,	•		7 7 7
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		•
(c) TOTAL Independent Expenditu	ures		·
	on of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 04 7 2014
-			

Schedule E)	TUNES	PAGE 11 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report fil	ed on Mam / Dad / Yayayay
Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination
Mailing Address 345 Auroura Ave		09 02 2014
		Amount
City State	Zip Code	45.00
Metairie LA	70006	Transaction ID: e4d79ea7-f4c2-4eb5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 02 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	04561.02 Dis	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Beau Autin		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave		Amount
City State	Zip Code	3.66
Metairie LA	70006	Transaction ID : d48cf8bc-c517-4b71-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		48.66
(a) SOBTOTAL OF REINIZED TRUEPERIDENT EXPERIMENTS		40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	M = M / D = D / Y = Y = Y = Y = O = O = O = O = O = O =
Signature		

Schedule E)	VI EXI ENE	ATOTILO	PAGE 12 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr			09 02 2014 Amount
City	Ctoto	Zin Codo	20.00
Conway	State AR	Zip Code 72034	30.00 Transaction ID : 4cad627e-a3cb-4d9d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	73628.00	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr			09 02 2014 Amount
City	State	Zip Code	4.50
Conway	AR	72034	Transaction ID : 2e0dc80a-e3d5-4430-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	73628.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		34.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 04 2014
Signaturo			

Schedule E)	1 =/(1 = (1 =)	1101120		PAGE 13 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l i	C C00530766
				0 55555755
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams				Public Distribution/Dissemination
Mailing Address 924 N. Prieur St				09 02 2014
3 - 3 - 3 - 3 - 3 - 3 - 3 - 4 N. 1 Heur Gt			Amoun	t
City	State	Zip Code		85.00
New Orleans	LA	70116		ction ID: 35c1ad3e-2941-4225-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee				f Public Distribution/Dissemination
Tammay Williams				09 02 2014
Mailing Address 924 N. Prieur St				لىنى لنا ك
			Amoun	
City	State	Zip Code		85.00
New Orleans	LA	70116	Transac Date of	tion ID: 5cb038b1-754c-4574-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∋s		•	170.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 5
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	9 09	04 2014
Signature				

Schedule E)	II LIIDLIII LAI LIIDI	101120		PAGE 14 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				00000700
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			Date of Publi	c Distribution/Dissemination
Mailing Address 924 N. Prieur St			09	02 2014
0 024 14. 1 Hour Ct			Amount	
City	State	Zip Code		13.50
New Orleans	LA	70116		ID: 07091d74-0f13-49b7-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 -	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	04561.02	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee				ic Distribution/Dissemination
Tammay Williams			M M M 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St				التنا لتنا
			Amount	
City	State	Zip Code		13.50
New Orleans	LA	70116	Transaction I Date of Disb	D: 15f0011d-e5d9-443e-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	nt Expenditures		. >	27.00
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		•	1 1 4 1 1 4 1
(c) TOTAL Independent Expenditures.			•	
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 09 / 04	2014
Signature				

Schedule I	E)		1101120		PAGE 15 OF 65 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	e of Payee Lette Franklin				of Public Distribution/Dissemination
Mailing A	ddress 8822 Apple St			— L	09 02 2014
				Amou	nt
City		State	Zip Code		45.00
New Orle	ans	LA	70188		action ID: 0f16b0ee-f269-423f-8 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		09 02 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	1	04561.02	Disbursemen 2014	t For: Primary X General
Full Name	e of Payee				of Public Distribution/Dissemination
David					M
Mailing A	ddress 106 Hillside St			<u> </u>	09 02 2014
	100 Hilliblue St			Amou	nt
City		State	Zip Code		90.00
Spindale		NC	28160	Transa Date	oction ID : f5efed60-d8f4-46dc-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		09 02 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought		278045.05	Disbursemer 2014	ther (specify) ►
(a) SUBTO	OTAL of Itemized Independent Expenditu	ıres		· •	135.00
(b) SUBTO	OTAL of Uniternized Independent Expen-	ditures			
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7
with, or at	alty of perjury I certify that the indepen the request or suggestion of, any candi nittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	04 2014
Signatu	re				

Schedule E)	EXI EIID			PAGE 16 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	rt filed on	/ 0 0 / 7 7 7 7 7
Full Name of Payee David Ford				f Public Distribution/Dissemination
Mailing Address 106 Hillside St				09 02 2014
TOO TIIIISIQE OL			Amoun	t
City	State	Zip Code		34.05
Spindale	NC	28160		nction ID: 0479bdde-eda1-4af2-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee				f Public Distribution/Dissemination
Joneisha Stewart				00 / DDD / YTYTY
Mailing Address 2329 Runnymede Dr				09 02 2014
2020 Rumymodo Di			Amour	nt
City	State	Zip Code		50.00
Marrero	LA	70072	Transac Date o	ction ID: 4ec43cb3-0b63-47a4-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 02 / 9014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	84.05
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	1 42 1 1 42 1 1 42 1
(1) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 09	04
Signature		_		

Schedule E)	JENT EXICITE	TI OTILO	PAGE 17 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			09 02 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID: 1001cc08-7b34-45b5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	13.50
Eden	NC	27288	Transaction ID: 0979f84e-6886-4795-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		113.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LIVI EXI LIVE	ATOTILO	PAGE 18 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			09 / 02 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	15.00
Charlotte	NC	23215	Transaction ID : fc7d7c7f-e26e-415c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			09
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	9.60
Charlotte	NC	23215	Transaction ID : 27db212b-a7aa-457a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		24.60
(1) OUDTOTAL (11): 1 11 1 1 1 1 1 1	r.		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 04 7 2014
Signaturo			

ScI	hedule E)	PAGE 19 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
$\overline{}$	Full Name of Payee	Date of Public Distribution/Dissemination
	Toni A Persinger-Buckler	09 02 2014
	Mailing Address 5330 Nestleway Dr	Amount
ŀ	City State Zip Code	40.00
	Clemmons NC 27012	Transaction ID : 6895bfd3-8e39-4d1d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 02 7 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Mc Koy Hogon	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 278045.05 Disbur 2014	rsement For: Primary
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Toni A Persinger-Buckler	09
ľ	Mailing Address 5330 Nestleway Dr	00 02 201
1		Amount
ŀ	City State Zip Code	9.90
		Transaction ID : 530102e6-0a87-4308-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
L	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 278045.05	rsement For: Primary ☐ General Other (specify) ▶
(a	(a) SUBTOTAL of Itemized Independent Expenditures	49.90
(1	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(0	(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	0 04 2014
	Signature	

Schedule E)	AT ENDI. SILES	PAGE 20 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination
Mailing Address 1804 Auburn Ave		09 02 2014 Amount
City Stat	Tin Codo	15.00
City State Metaire LA		15.00 Transaction ID: 48887f1f-7933-4ea7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	104561.02 Disbu 2014	ursement For: Primary
Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 09
Mailing Address 1804 Auburn Ave		Amount
City Sta	te Zip Code	1.20
Metaire L/	70003	Transaction ID: 75f15bf6-c8d7-40a9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	104561.02 Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	····	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures.	•	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	09 04 2014
Signature	_	

Sc	chedule E)	PAGE 21 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y
Т		Date of Public Distribution/Dissemination
	Carol L Snow	09 02 7 2014
	Mailing Address 6281 Jenkins rd	Amount
	City State Zip Code	30.00
Ì	Morganton NC 28655	Transaction ID : b04937ea-9b6c-4250-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 278045.05 Disburs 2014	sement For: Primary X General Other (specify) ▶
1	Full Name of Payee	Date of Public Distribution/Dissemination
	Carol L Snow	M M / D D / Y Y Y Y
	Mailing Address 6281 Jenkins rd	09 02 2014
Ì	0201 Jennins Iu	Amount
Ì	City State Zip Code	10.20
		Transaction ID : a0e3cbd1-8af0-4ea5-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 02 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburg 278045.05	sement For: Primary X General Other (specify) ▶
	1	
((a) SUBTOTAL of Itemized Independent Expenditures	40.20
((b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	ENT EXIEND	TIONES	PAGE 22 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			09 02 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	57.50
charlotte	NC	28227	Transaction ID: 97dd3405-ea77-498d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	104561.02	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			09
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	23.61
charlotte	NC	28227	Transaction ID : 2d546e13-38d6-4c8d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	104561.02	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		81.11
(b) SUBTOTAL of Unitermized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sc	hedule E)	1511 51125	PAGE 23 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New	report Amends repor	t filed on
T	Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination
-	Mailing Address 404 Chancery Park Ct		09 02 2014 Amount
-	City State	Zip Code	35.00
	Kernersville NC	27284	Transaction ID : a06331ea-ef1e-4bcf-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	278045.05	Disbursement For: Primary X General 2014 Other (specify) ▶
-	Full Name of Payee Jackson S Tuttle Mailing Address 404 Chancery Park Ct		Date of Public Distribution/Dissemination M 09
-	City State	Zip Code	7.50
	Kernersville NC	27284	Transaction ID : f4a8bb7a-9278-45d8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 02 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
-	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	278045.05	Disbursement For: Primary General 2014 Gher (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		42.50
((b) SUBTOTAL of Unitemized Independent Expenditures		•
((c) TOTAL Independent Expenditures		•
W	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.		
		tronically Filed] Date	09
	Signature		

Sche	edule E)	L/((L. (L.)	101120				PAGE 24 OF 65 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	/ M /	D = D / Y = Y = Y = Y
	ull Name of Payee Dwayne C Smith					of Public	Distribution/Dissemination
М	lailing Address 900 Bramblegate Rd				Amou	09	02 2014
- 1	,	State NC	Zip Code 28348				30.00 D : 276db380-fcf1-4422-b
	urpose of Expenditure Salary		Category/ Type	001		of Disbu	ursement or Obligation 02 2014
N	ame of Federal Candidate		Sı	upport	Office Sough	nt·	House District: 00
M	⁄ls. Kay Hagan			opose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	78045.05		Disbursemer 2014	nt For: Other (sp	Primary
	ull Name of Payee Dwayne C Smith failing Address 900 Bramblegate Rd					of Public	Distribution/Dissemination 02 2014
					Amoi	unt	
-	•	State NC	Zip Code 28348		Trans	action IE	6.15 D: 45b7fce5-f51c-4d75-9 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		09	02 / Y 2014
N	lame of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
M	/Is. Kay Hagan		X o	ppose	Presid	lent 2	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		278045.05		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				•		36.15
(b)	SUBTOTAL of Unitemized Independent Expenditure)S					
(c)	TOTAL Independent Expenditures				· [
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate ty committee) any political party committee or its ago	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	04	2014
	Signature						

Sc	hedule E)						PAGE 25 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report New	v rep	ort Amends	repor	t filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Stephanie L Heun					- M	c Distribution/Dissemination
-	Mailing Address 8026 S Wilwood Dr Apt 101				Amou	09 nt	02 2014
ŀ	City State		Zip Code			-	45.00
	Oak Creek WI		53154				ID: bb135ce8-4cde-44d7-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09 ^M	02 / 2014
ŀ	Name of Federal Candidate		Suppo	ort	Office Sough	<u>. </u>	House District: 00
	Ms. Kay Hagan		X Oppos		Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	278045.05		Disbursemen 2014 O		Primary
	Full Name of Payee Parker H Morrow Mailing Address 506 N Horton Street					09 ^M	c Distribution/Dissemination
-	City State		Zip Code		— I		90.00
	Searcy AR		72143		Transa Date o	ction II	D: 3a446690-5180-4e2a-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M	09 ^M	02 / 2014
I	Name of Federal Candidate		Supp	ort	Office Sough	t:	House District:00
-	Mr. Mark L Pryor		X Oppo	se	Preside		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00]	Disbursemen 2014 O		Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				· [135.00
((b) SUBTOTAL of Unitemized Independent Expenditures				.		
((c) TOTAL Independent Expenditures				· [114112
٧	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or authoratry committee) any political party committee or its agent.						
		ectron	nically Filed]	Date	M M /	04	2014
	Signature						

Schedule	e E)	II	1101120		PAGE 26 OF 65 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	me of Payee cer H Morrow				of Public Distribution/Dissemination
	Address 506 N Horton Street			─	09 02 2014
				Amoui	nt
City		State	Zip Code		61.80
Searcy		AR	72143		action ID: 2d189b3e-4054-486b-a of Disbursement or Obligation
Purpose Mileag	e of Expenditure e		Category/ Type 002	М	09 02 / 2014
Name of	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	rk L Pryor		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7	73628.00	Disbursemen 2014	t For: Primary X General
	me of Payee	_			of Public Distribution/Dissemination
Park	er H Morrow			M	M / D D / Y Y Y Y
Mailing	Address 506 N Horton Street			L	09 02 2014
	000 H Hotton Cassa			Amou	nt
City		State	Zip Code		50.00
Searcy		AR	72143	Transa Date	ction ID: 120a551a-2bc1-48f8-9 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	M	09 02 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Preside	ent X Senate State: AR
	alendar Year-To-Date er Election for Office Sought	7 1 7	73628.00	Disbursemen 2014 O	t For:
(a) SUB	TOTAL of Itemized Independent Expenditur	es		•	111.80
(b) SUB	TOTAL of Unitemized Independent Expendent	itures		· •	
(c) TOT	AL Independent Expenditures			•	7
with, or a	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	04 / 2014
Signa	ature				

Schedule E)		101120		PAGE 27 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	report X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
	The report	Amenda Tepo	Tr filed off	
Full Name of Payee Parker H Morrow			Date of Pu	blic Distribution/Dissemination / DDD / YDY YDY YDY YDY YDY YDY YD YDD YD
Mailing Address 506 N Horton Street			Amount	
City	State	Zip Code		26.10
Searcy	AR	72143		on ID: dc5053b6-5c59-4920-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 09	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,	73628.00	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Rebecca A Shearer			M M M	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Gr	ove Rd		Amount	
			Amount	
City	State	Zip Code	ببسل ا	50.00
College Grove	TN	37046		n ID: 6800ac25-e037-44d7-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	76.10
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 / O4	
Signature		_		

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Nathan S Shaw	Da	ate of Public Distribution/Dissemination
		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5726 NC Hwy 66 S	Ar	mount
City Sta	ate Zip Code	20.00
·g		ransaction ID : 6fbe787a-7b6b-4a2a-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	278045.05 Disburser 2014	ment For:
Full Name of Payee Nathan S Shaw	Di	ate of Public Distribution/Dissemination
		09 02 Y Y Y Y Y Y
Mailing Address 5726 NC Hwy 66 S	Ai	mount
City	ate Zip Code	9.30
		ansaction ID : bccc628e-0dae-4e3c-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 02 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pre	esident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	278045.05 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	29.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· ·	
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	04 2014
Signature		

PAGE

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OF

65

Sch	edule E)	./(i =: (=:	101120				PAGE 29 OF 65 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Kenny Wallis				Da	te of Public	c Distribution/Dissemination
N	Mailing Address 6412 Osage Dr				An	nount	02 2014
	Dity Sta		Zip Code				35.00
1	North Little rock A	AR	72116				ID: 65bf32ea-07d2-4f7d-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	02 / 2014
N	Name of Federal Candidate		<u>'</u>	Support	Office So	ught:	House District: 00
N	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00		Disbursen 2014	nent For:	Primary
	Full Name of Payee Kenny Wallis				Da	ate of Publi	c Distribution/Dissemination
	Refilly wallis					09	02 / 2014
N	Mailing Address 6412 Osage Dr				An	nount	
	Dity Sta	ate	Zip Code		— г		5.64
- 1		AR	72116		Tra Da	nsaction II	D: 2fce38f6-2e2b-48b1-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	02 2014
N	Name of Federal Candidate			Support	Office So	ught:	House District: 00
N	Mr. Mark L Pryor			Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.0	0	Disburser 2014	nent For: Other (sp	Primary X General Decify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures						40.64
(b)) SUBTOTAL of Unitemized Independent Expenditures	;			. [1 1 1	
					· _		7- 1-7-
(c)) TOTAL Independent Expenditures				•	7	1 1 7 1 1 7 1
wit	nder penalty of perjury I certify that the independent exth, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 04	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	IN EXICIO	TIONES	PAGE 30 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			09 / 02 / 2014
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	20.00
Harrisonburg	VA	22801	Transaction ID : 56044bd7-0ac3-48a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 9 9 9
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	278045.05	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09 / 02 / 2014
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	80.00
Charolette	NC	28215	Transaction ID: d36bf43f-8a90-442d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	73628.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		100.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09

Schedule E)	II EXI END	TT OTTEO		PAGE 31 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Brandon Wheeler				09 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code		22.50
Charolette	NC	28215		ction ID : eceae17a-5fc9-4870-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	73628.00	Disbursement 2014 Oth	For: Primary
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Ms. Tonya Boyd				09 02 7 2014
Mailing Address 2357 Fancy Cap Rd				09 02 2014
			Amoun	t
City	State	Zip Code		90.00
Mt. Airy	NC	27030	Transac Date of	tion ID : fe416c49-ab06-4b23-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 / 02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	278045.05	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		· •	112.50
(b) SUBTOTAL of Unitemized Independent Expendent	tures			4 4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	04 2014
Signature				

Schedule E)	LIVI LAFLIND	TOTILS	PAGE 32 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			09 02 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	30.33
Mt. Airy	NC	27030	Transaction ID : 16cb8cf9-c5f2-42ec-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	278045.05	Disbursement For:
Full Name of Payee	·		Date of Public Distribution/Dissemination
Nick Berryhill			09 02 7 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	80.00
Shelby	NC	28152	Transaction ID : 4c9d708f-395c-42c0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,,,	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		110.33
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			>
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
3.9			

Schedule E)	or inder endern	EXI ENDI	TOTILO		PAGE 33 OF	
NAME OF COMMITTEE (In Ful					FEC IDENTIFICATION NU	
Women Speak Out P	AC				C C00530766	
Check if 24-hour report	48-hour report	X New repo	ort Amends re	port filed on	M = M / D = D / Y = 1	/
Full Name of Payee				D	ate of Public Distribution/Disser	nination
Nick Berryhill						2014
Mailing Address 905 Lake	Drive			A	nount	
City		State	Zip Code			3.60
Shelby		NC	28152		ansaction ID : bc85e8a2-5db5 tte of Disbursement or Obligati	
Purpose of Expenditure Mileage			Category/ Type 00	2		2014
Name of Federal Candidate	1		Support	Office So	ught: House Distric	t:00
Ms. Kay Hagan			X Oppose		sident State State	: NC
Calendar Year-To-Date Per Election for Office	Sought	2	78045.05	Disburse 2014	nent For: Primary X Other (specify) ▶	General
Full Name of Payee				D	ate of Public Distribution/Disser	nination
Brenda L Dawson						Y Y Y Y
Mailing Address 6021 Ge	eneral Samuel Rd				09 02	2014
332. 33	Horai Garrido I II			A	mount	
City	City State Zip Code					16.00
Jacksonville		AR	72076		nsaction ID : 6722adec-e0e7- ate of Disbursement or Obligat	
Purpose of Expenditure Salary			Category/ Type 00	1		2014
Name of Federal Candidate)		Support	Office So	ught: House Distric	t: <u>00</u>
Ms. Kay Hagan			X Oppose	Pr	esident X Senate State	•
Calendar Year-To-Date Per Election for Office			278045.05	Disburse 2014	ment For: Primary X Other (specify) ▶	General
(a) SUBTOTAL of Itemized I	ndependent Expenditures.			▶	1	9.60
(b) SUBTOTAL of Unitemize	d Independent Expenditure	es		▶	1 1 7 1 1 7 1 1	400
(c) TOTAL Independent Exp	enditures			····· •		
	ggestion of, any candidate	or authorized			in cooperation, consultation, o (if the reporting entity is not a	
Ms. Emily Buchar	ıan	[Electroni	ically Filed] Da	ate 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Signature			_			4

ScI	hedule E)	L /(1 L.(L.					PAGE 34 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Brenda L Dawson				Date	М - М	c Distribution/Dissemination
-	Mailing Address 6021 General Samuel Rd				Am	09 ount	02 2014
-	City	State	Zip Code				5.70
	Jacksonville	AR	72076				ID: 44129890-4275-407b-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M 09	02 / 2014
1	Name of Federal Candidate		'	Support	Office Sou	aht:	House District:00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	278045.05		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee Matt M Clarke				Dat	e of Publi	ic Distribution/Dissemination / 02
	Mailing Address 1254 Fleming St Apt 6				Am	ount	
ľ	City	State	Zip Code				40.00
	Conway Purpose of Expenditure	AR	72032		Tran Dat	e of Disb	D: 3a7d1288-5a3b-4095-8 ursement or Obligation
	Salary		Category/ Type			09	02 / 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.0	00	Disbursem 2014	ent For: Other (sp	Primary
(2	a) SUBTOTAL of Itemized Independent Expenditures.				•		45.70
(1	b) SUBTOTAL of Unitemized Independent Expenditure	es					
(0	c) TOTAL Independent Expenditures				•	-7-	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 04	/ Y Y Y Y Y 2014
	Signature						

Scl	hedule E)	LIVE	1101120		PAGE 35 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report	ew rep	port Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Т	Full Name of Payee Matt M Clarke			ı	Date of Public Distribution/Dissemination
-	Mailing Address 1254 Fleming St Apt 6				09 02 2014 Amount
	City State Conway AR		Zip Code 72032	I	12.00 Transaction ID : fa741927-a650-4ab9-9 Date of Dichurcement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00	Disburs 2014	sement For: Primary X General Other (specify) ▶
	Full Name of Payee Jeffrey Hampton Mailing Address 1700 F Part Ave				Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1700 E Part Ave				Amount
ľ	City State		Zip Code		40.50
	Searcy AR		72149	T	Transaction ID: 54088026-4e59-4460-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 02 / 2014
Ī	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	F	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought		73628.00	Disburs 2014	sement For: Primary
(;	a) SUBTOTAL of Itemized Independent Expenditures				52.50
(1	b) SUBTOTAL of Unitemized Independent Expenditures			, [
(0	c) TOTAL Independent Expenditures			•	
W	Under penalty of perjury I certify that the independent expen- vith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	nically Filed] Date	e 09	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Sc	hedule E)	EXI ENDI	101120				PAGE 36 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	и = м /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Jeffrey Hampton					M M M M	02 2014
	Mailing Address 1700 E Part Ave				Amou	unt	
-	City	State	Zip Code				21.42
	Searcy	AR	72149				ID: b4184f46-208f-477f-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	02 / 2014
ı	Name of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			ppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00		Disbursement 2014	nt For: Other (sp	Primary
ſ	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Gregory Green					M M M	02 / 2014
ľ	Mailing Address 2506 Bolch Street				L	0.5	02 2017
					Amo	unt	
ŀ	City	State	Zip Code				20.00
	Shreveport	LA	71104		Trans Date	action II of Disbu	D: 8b1d61b5-35ea-4101-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [M 09	02 2014
ľ	Name of Federal Candidate		Su	upport	Office Soug	ht:	House District: 00
	Ms. Mary L Landrieu		X Op		Presid	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		104561.02		Disburseme 2014		Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures.				•		41.42
((b) SUBTOTAL of Unitemized Independent Expenditure	'es			· • [
((c) TOTAL Independent Expenditures				•	-	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	04	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)		110.120	PAGE 37 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC)		C C00530766
Check if 24-hour report	48-hour report New rep	oort Amends repor	rt filed on
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination
Mailing Address 2506 Bolch St	reet		09 02 2014 Amount
City	State	Zip Code	13.80
Shreveport	LA	71104	Transaction ID : 1edc0de5-d3c5-4c28-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ught 1	104561.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercu	les Lane		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	80.00
Woodbridge	VA	22193	Transaction ID : d1d0de2f-a284-4eff-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office So	ught	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		93.80
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		
(c) TOTAL Independent Expend	litures		·
	stion of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 04 2014
Signature			

Schedule E)	0111 01 11121 2112	/EI(I E/I E/I E/I	1101120		PAGE 38 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	oort Amends repo	ort filed on	*M / D D / Y * Y * Y
Full Name of Paye	ee			Date o	of Public Distribution/Dissemination
Lily Green					09 02 2014
Mailing Address 2	05 Medallion Circle			Amour	nt
City		State	Zip Code		80.00
Shreveport		LA	71119		action ID : ff289c0c-ffd5-49d5-b of Disbursement or Obligation
Purpose of Expend Salary	diture		Category/ Type 001	M	09 02 / 2014
Name of Federal (Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	
Calendar Year Per Election f	r-To-Date for Office Sought		104561.02	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
Full Name of Paye	ee			Date of	of Public Distribution/Dissemination
Lily Green				M	09
Mailing Address	205 Medallion Circle				09 02 2017
	200			Amou	nt
City		State	Zip Code		58.20
Shreveport		LA	71119	Transa Date o	ction ID : 56e0a922-9c09-4577-b of Disbursement or Obligation
Purpose of Expending Mileage	diture		Category/ Type 002	M	09 / 02 / 2014
Name of Federal (Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landri	eu		X Oppose	Preside	
Calendar Yea Per Election t	r-To-Date for Office Sought		104561.02	Disbursemen 2014 O	t For:
				-	
(a) SUBTOTAL of I	Itemized Independent Expen	ditures		▶	138.20
(b) SUBTOTAL of	Unitemized Independent Exp	enditures		· •	
(c) TOTAL Indepen	dent Expenditures			•	7 1 7 1 7
with, or at the reque		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Em	nily Buchanan	[Electron	nically Filed] Date	e 09	04 2014
Signature			_		

Schedule E)	IN EXICIO	TIONES	PAGE 39 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			09 / 02 / 2014
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	30.00
Granite Falls	NC	28630	Transaction ID: 156001c6-3587-4a34-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	278045.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			09 02 7 2014
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	18.60
Granite Falls	NC	28630	Transaction ID: 75113e0d-861c-46a9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		48.60
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· -
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
Signaturo			

Schedule E)	EXI EIID	TOTILO		PAGE 40 OF 65 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC				C C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed on	M = M / D = D / Y = Y = Y = Y		
Full Name of Payee Jeanne Tribou			D	ate of Public Distribution/Dissemination		
Mailing Address 22369 Ponderosa Dr.			A	09 02 2014 mount		
City	State	Zip Code	— г	50.00		
Mandeville	LA	70471		ransaction ID : 139d116c-64f4-4772-a late of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 00	01	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
Name of Federal Candidate		Support	Office S	ought: House District: 00		
Ms. Mary L Landrieu		X Oppose	Pr	esident State: LA		
Calendar Year-To-Date Per Election for Office Sought	, 1	04561.02	Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶		
Full Name of Payee			С	Date of Public Distribution/Dissemination		
Jeanne Tribou				09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 22369 Ponderosa Dr.			Д	mount		
City	State	Zip Code		8.40		
Mandeville	LA	70471		Transaction ID : d900e487-5f4a-4801-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 00)2	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office S	ought: House District: 00		
Ms. Mary L Landrieu		X Oppose	Pr	resident Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	104561.02	Disburse 2014	ement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures			. г	58.40		
(a) SOSTOTAL OF REMIZED INDEPENDENT EXPENDITURES				30.40		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		▶	7 7		
(c) TOTAL Independent Expenditures			····· •			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	ate 09	04 2014		
Signature						

Sched	dule E)	141 EX. E.C.			PAGE 41 OF 65 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check is	f 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full	Name of Payee hristopher Marquess	<u></u>			of Public Distribution/Dissemination
Mai	ling Address 110 W Pecan St				09 02 2014
City		Ctoto	7'- O-do		65.00
City Vill	le Platte	State LA	Zip Code 70586		65.00 action ID: 190975c5-9660-4245-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		09
Nan	ne of Federal Candidate		Support	Office Sought	t: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	104561.02	Disbursement 2014 Ot	t For: Primary X General
	Name of Payee hristopher Marquess				of Public Distribution/Dissemination
Mai	iling Address 110 W Pecan St			Amou	nt
City	,	State	Zip Code		37.80
	rpose of Expenditure	LA	70586	Transa Date of	ction ID: eb680807-64ed-4f62-a of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		09 / 02 / 2014
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expendit	ures			102.80
(b) S	SUBTOTAL of Unitemized Independent Expen	ditures		-	
(c) T	TOTAL Independent Expenditures				
with,	er penalty of perjury I certify that the indepen or at the request or suggestion of, any candi committee) any political party committee or i	idate or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09 /	04 2014
Si	ignature				

Schedule E)	AT ENDITORIES	PAGE 42 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination
Mailing Address 101 Asbury Ct		09 02 2014 Amount
City Stat	te Zip Code	97.50
Winchester VA	·	Transaction ID: 18df6899-477b-40f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Earl Stewart		09 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road		Amount
City Sta	_	70.00
Snowcamp	C 27349	Transaction ID: 92d8b9d1-a0f3-4155-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 02 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District:00
Ms. Kay Hagan	Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		167.50
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	•	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	09
Signature		

Schedule E)	INT EXI END	ATTOTILES	PAGE 43 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			09 / 02 / 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	8.40
Snowcamp	NC	27349	Transaction ID : f9faace3-7772-4863-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			09 02 7 2014
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	25.00
Little Rock	AR	72212	Transaction ID : 86d385bf-0364-4d0c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	73628.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		33.40
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09
- 3			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Bradley K Kissinger	09 02 7 2014
Mailing Address 3113 Imperial Valley Dr.	Amount
City State Zip Code	11.40
Little Rock AR 72212	Transaction ID: 288ff782-ab22-410a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought 73628.00	Disbursement For: Primary General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	55.00
Ville Platte LA 70586	Transaction ID: 08d88908-97af-40ad-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 66.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	tte 09 04 2014
Signature	

PAGE

OF

65

Schedule E)	0 0	VOEITI EXI EIVO	101120		PAGE 45 OF 65 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour rep	ort New repo	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Pa				Date of	of Public Distribution/Dissemination
Michael Vio	drine				09 02 2014
Mailing Address	1103 West Wilson Street			Amou	nt
City		State	Zip Code		34.50
Ville Platte		LA	70586		action ID : 94ce9638-b667-441b-a of Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	М	09 02 / 2014
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	Irieu		X Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought	, , , , 1	04561.02	Disbursement 2014 Or	t For: Primary
Full Name of Pa				Date of	of Public Distribution/Dissemination
Francis Ricl	nardson			M	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	220 Doucet Rd				03 02 2014
				Amou	nt
City		State	Zip Code		20.00
Lafayette		LA	70503	Transa Date	ction ID : 6b54582e-c979-4c03-b of Disbursement or Obligation
Purpose of Expe Salary	enaiture		Category/ Type 001	M	09 / 02 / Y Y Y Y
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		X Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought		104561.02	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	f Itemized Independent Exp	penditures		•	54.50
(b) SUBTOTAL o	f Unitemized Independent I	Expenditures		•	
(c) TOTAL Indepo	endent Expenditures			•	7
with, or at the rec		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. 1	Emily Buchanan	[Electroni	ically Filed] Date	9 09	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Sc	hedule E)			PAGE 46 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	eck if 24-hour report X 48-hour report New re	eport Amends repo	ort filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Francis Richardson		Date of Fubility	02 2014
	Mailing Address 220 Doucet Rd		Amount	
ŀ	City State	Zip Code		1.68
	Lafayette LA	70503		D: 80b66598-7cd6-4ac2-b ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	02 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	104561.02	Disbursement For: 2014 Other (sp	Primary ☐ General
ſ	Full Name of Payee		Date of Public	c Distribution/Dissemination
	Kaleigh J Wagner		M = M 09	02 / 2014
ŀ	Mailing Address 18065 Wayne Rd			UZ 2017
			Amount	
ŀ	City State	Zip Code		60.00
	Odessa FL	33556	Transaction ID Date of Disbu	D: 1fa6dd45-a61c-4aa3-a ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	02 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	73628.00	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•	61.68
(b) SUBTOTAL of Unitemized Independent Expenditures		•	1 1 4 1 1 4
(C) TOTAL Independent Expenditures		•	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	9 09 04	2014
	Signature			

Sc	hedule E)	VI E. 15.	101123				PAGE 47 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
— Che	eck if 24-hour report X 48-hour report	New repo	ort Amend	ls repor	t filed on	- M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee				Date of	of Public	Distribution/Dissemination
	Randy M Gold				М	09 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1436 Haigs Creek Dr				Amou	nt	
ŀ	City State	te	Zip Code				60.00
	Elgin SC		29045				D: f2ffb64f-2f33-4b38-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Mr. Mark L Pryor		X Oppo		Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00		Disbursemen 2014 O	t For: ther (sp	Primary
	Full Name of Payee Randy M Gold						Distribution/Dissemination
	•				IV	09	02 / 2014
	Mailing Address 1436 Haigs Creek Dr				Amou	nt	
ŀ	City Stat	ite	Zip Code		-		33.09
	Elgin SC		29045		Transa Date	ction ID	: a8fe2c29-df13-4650-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	02 / 2014
	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Mr. Mark L Pryor		X Oppo	ose	Preside	ent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		73628.00]	Disbursemen 2014 O		Primary
(a) SUBTOTAL of Itemized Independent Expenditures						93.09
`	a) SOBTOTAL OF HORIZON HINOPOTHONIC EXPONENTIAL CO				-	7	
(b) SUBTOTAL of Unitemized Independent Expenditures				•	-	1 4 1 4
(c) TOTAL Independent Expenditures					7	
W	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	04	2014
	Signature		_	Date			

Sch	edule E)	u Liubi	TOTILO				PAGE 48 OF 65 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
						M M	/ D = D / Y = Y = Y
Chec		New repo	ort Am	ends repo	ort filed on		
	rull Name of Payee Tracy M Hargett				Da	te of Publi	c Distribution/Dissemination
N	Mailing Address 5133 Lord Bryon Road				Am	nount	<u> </u>
	Dity State	9	Zip Code		-		45.00
- 1	Wilmington NC	•	28405				ID: 1582fcd5-838f-47ff-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	02 / 2014
Ν	lame of Federal Candidate		<u>'</u>	Support	Office Sou	ught:	House District: 00
ľ	Ms. Kay Hagan			Oppose	Pres	sident [Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	78045.05		Disbursem 2014	nent For: Other (sp	Primary X General Decify) ▶
	ull Name of Payee				Da	te of Publi	ic Distribution/Dissemination
Т	Tracy M Hargett					м = м 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 5133 Lord Bryon Road						
Т					Am	nount	
	Dity State	е	Zip Code				15.00
	Wilmington	;	28405		Trai Da	nsaction II te of Disb	D: 4d442266-13e5-4cc7-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	02 / 2014
١	Name of Federal Candidate			Support	Office So	ught:	House District: 00
1	Ms. Kay Hagan		X	Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		278045.0	5	Disbursen 2014	nent For: Other (sp	Primary X General pecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				• •		60.00
(b)) SUBTOTAL of Unitemized Independent Expenditures				. •		7 1 4
(c)	TOTAL Independent Expenditures				•		
wit	der penalty of perjury I certify that the independent exp. th, or at the request or suggestion of, any candidate or a rty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 04	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)		1101120		PAGE 49 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Lee R Carter			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		90.00
Raleigh	NC	27604		on ID : 17ad7046-18d7-402f-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Lee R Carter			M = M	
Mailing Address 3110 Brentwood Rd			09	02 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		18.90
Raleigh	NC	27604	Transactio Date of D	n ID : 48aacc95-ba97-4548-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	/ 02 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	108.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7 5 .
(c) TOTAL Independent Expenditures			.	7 7
Under penalty of perjury I certify that the indept with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electros	nically Filed] Date		4 2014
Signature		_		

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 50 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 02 2014
			Amount
City	State	Zip Code	115.00
High Point	NC	27260	Transaction ID: d2eed4d9-9984-42bb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 / 02 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	22.80
High Point	NC	27260	Transaction ID: c25bf1d1-9d8c-4a45-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		137.80
(b) CUPTOTAL of Heiberined Independent Form			
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 04 7 2014
Signaturo			

Sche	dule E)	. EXI END			PAGE 51 OF 65 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
I Full	I Name of Payee			Date o	f Public Distribution/Dissemination
V	onniqua Jackson			M	09 02 2014
Mai	iling Address 111 Westchester Blvd Apt D4			Amoun	nt
City	<u> </u>	State	Zip Code		50.00
	idell	LA	70458		action ID: 07baa40a-e3e9-43df-8 f Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	09 02 7 2014
Nar	me of Federal Candidate		Support	Office Sought	: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	104561.02	Disbursement 2014 Ott	For: Primary
	Name of Payee anielle McCoy				of Public Distribution/Dissemination
Ma	iling Address 1025 Cayley Ct				09 02 2014
City	w.	State	Zip Code		75.00
_ [_ '	gh Point	NC	27260	Transac Date c	ction ID : 81aede81-7ac8-4be6-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	09 / 02 / 2014
Nai	me of Federal Candidate		Support	Office Sought	t: House District:00
Ms	s. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement 2014 Ot	t For: Primary X General
(a) \$	SUBTOTAL of Itemized Independent Expenditure	es			125.00
(b) \$	SUBTOTAL of Unitemized Independent Expendit	:ures		. •	
(c) T	TOTAL Independent Expenditures			· •	
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida y committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09 /	04 2014
S	Signature		_		

Schedule E)			<u> </u>	PAGE 52 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Danielle McCoy			M = M /	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 Amount	02 2014
City	State	Zip Code		19.50
High Point	NC	27260		: d9bb385c-0a45-40d9-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	78045.05	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Shelbi L Randall			M - M /	Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			09 Amount	02 2014
City	State	Zip Code		45.00
Searcy	AR	72143		: 4be02f5a-50ea-422a-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	73628.00	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	64.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 04	2014

ScI	hedule E)	L/11 = 112.	1101120		PAGE 53 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Shelbi L Randall			М	of Public Distribution/Dissemination
-	Mailing Address 202 East Park Ave Apt 40			Amour	09 02 2014 nt
ŀ	City	State	Zip Code	— [_	22.80
	Searcy	AR	72143		action ID : f702e931-fbe2-4030-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 02 7 2014
t	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement 2014 Of	t For: Primary
	Full Name of Payee Tylan S Green Mailing Address 2320 Saint Nick Dr				of Public Distribution/Dissemination
				Amoul	
	City New Orleans	State LA	Zip Code 70131	Transa Date (70.00 ction ID : 42702bf6-6afb-4ec7-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		104561.02	Disbursement 2014 O	t For:
(6	a) SUBTOTAL of Itemized Independent Expenditures.	i			92.80
(1	b) SUBTOTAL of Unitemized Independent Expenditur	res		· ·	
(c) TOTAL Independent Expenditures			· •	7
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	04 2014
	Signature				

Schedule E)			101120		PAGE 54 OF 65 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Check if 24	I-hour report X 48-hour rep	port X New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		Thew repe	7 (11)	Trained on	
Full Name of Tylan S					of Public Distribution/Dissemination
Mailing Add	ress 2320 Saint Nick Dr			Amour	nt
City		State	Zip Code		11.10
New Orlear	ns	LA	70131		action ID : a27bb941-07c4-4bb6-9 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	M	09 02 / 2014
Name of Fe	deral Candidate		Support	Office Sough	: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	
	ar Year-To-Date ection for Office Sought	1	04561.02	Disbursement 2014 Of	t For:
Full Name of	of Payee a Youngblood				of Public Distribution/Dissemination
				M	09 02 2014
Mailing Add	ress 102 S Main Street Apt A	2		Amou	nt
City		State	Zip Code		60.00
Berryville		VA	22611	Transa Date o	ction ID: d7ccfd1e-778d-4263-a of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	M	09 / 02 / 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	gan		Oppose	Preside	ent Senate State: NC
	ar Year-To-Date ection for Office Sought		278045.05	Disbursemen 2014 O	t For:
(a) SURTOT	AL of Itemized Independent Ex	nandituras			71.10
(a) 30D101	AL of hemized independent Ex	perialitures		•	71.10
(b) SUBTOT	AL of Unitemized Independent	Expenditures		. •	7 7
(c) TOTAL In	ndependent Expenditures			· .	
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedul	e E)		1101120		PAGE 55 OF 65 FOR SE OF FORM 24/48
	COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	ame of Payee C TABARY	<u> </u>		Date of	Public Distribution/Dissemination
Mailing	Address 6101 NORA ST			Amount	9 02 2014
O:4		01-1-	71.0-1-		55.00
City META	IRIE	State LA	Zip Code 70003		55.00 ction ID : 3792fb2e-44bd-4207-8 Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	Date of	M / D D / Y Y Y
Name	of Federal Candidate		Support	Office Sought:	House District: 00
Ms. M	ary L Landrieu		X Oppose	President	t Senate State: LA
	alendar Year-To-Date er Election for Office Sought	1	104561.02	Disbursement F 2014 Other	For: Primary
	ame of Payee C TABARY			М	
Mailing	Address 6101 NORA ST			Amount	سندا لنا ك
City		State	Zip Code		1.80
META		LA	70003		tion ID : 29790f76-79a2-430a-b Disbursement or Obligation
Purpos Mileas	se of Expenditure ge		Category/ Type 002	09	
Name	of Federal Candidate		Support	Office Sought:	House District:00
Ms. M	ary L Landrieu		X Oppose	President	t Senate State: LA
	alendar Year-To-Date er Election for Office Sought	, , ,	104561.02	Disbursement F 2014 Other	For: Primary
(a) SUE	BTOTAL of Itemized Independent Expenditu	ıres		·	56.80
(b) SUE	BTOTAL of Unitemized Independent Expendent	ditures		· •	7 1 7 1 7
(c) TOT	AL Independent Expenditures			· .	4
with, or	enalty of perjury I certify that the independent the request or suggestion of, any candimmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date		04 2014
Signa	ature				

Schedule E)	JENT EXTEND	TIONES	PAGE 56 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: 404a6261-66ab-4a81-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	278045.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u>-</u>		Date of Public Distribution/Dissemination
Jazmine d Conner			09 02 7 2014
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	70.00
WINCHESTER	VA	22602	Transaction ID: 4bf2ebe6-3ae3-4bca-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		150.00
#X			
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
•			

Schedule E)	0111 01 11121 2.12		1101120		PAGE 57 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
Full Name of Payer	 ee er				of Public Distribution/Dissemination
Mailing Address 1	00 Asbury Ct			— L	09 02 2014
				Amoui	nt
City		State	Zip Code		70.00
Winchester		VA	22602		action ID: 12e449d5-6447-474d-a of Disbursement or Obligation
Purpose of Expend Salary	diture		Category/ Type 001		09 02 / 2014
Name of Federal (Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	NO.
Calendar Year Per Election f	r-To-Date for Office Sought		278045.05	Disbursement 2014	t For: Primary X General
Full Name of Paye					of Public Distribution/Dissemination
Rodney O Cu					1 M / D D / Y Y Y Y
Mailing Address	100 Asbury Ct			L	09 02 2014
	100 risbury Ct			Amou	nt
City		State	Zip Code		80.00
Winchester		VA	22602	Transa Date	oction ID: 495c21e1-81eb-4cea-9 of Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001		09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Yea Per Election	r-To-Date for Office Sought		278045.05	Disbursemen 2014 O	at For: Primary General Other (specify) ▶
_					
(a) SUBTOTAL of	Itemized Independent Expendent	ditures		>	150.00
(b) SUBTOTAL of	Unitemized Independent Expo	enditures		·· •	7 1 7 1 7
(c) TOTAL Indepen	ndent Expenditures			· •	7
with, or at the requi		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electror	nically Filed] Date	e 09	04 2014
Signature					

Schedule E)	PAGE 58 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amen	ds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	Date of Public Distribution/Dissemination Manager 1
Mailing Address 100 Asbury CT 3200 Dam Neck Rd	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : da7c4837-8bd7-4865-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 02 7 2014
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ma Kaullana	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 278045.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Rze Culbreath	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	09 02 2014 Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : e0e8662d-cefb-4c6c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 / 02 / 2014
Name of Federal Candidate Sur	pport Office Sought: House District: 00
Ms. Kay Hagan Op	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 278045.05	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 04 2014
Signature	

Schedule E)	LIVI EXI ENL	JITONES	PAGE 59 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			09 02 7 2014
1254 Fleming St Apt 6			Amount
City	State	Zip Code	55.00
Conway	AR	72032	Transaction ID : af7e9f8d-93ea-4855-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L McCune			09 02 2014
Mailing Address 1254 Fleming St Apt 6			Amount
			Amount
City	State	Zip Code	6.30
Conway	AR	72032	Transaction ID : 6c879f66-9fce-412a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures		61.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09
5			

Sch	nedule E)	W mita.					PAGE 60 OF 65 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
	Full Name of Payee James Tatro					of Publi	c Distribution/Dissemination
1	Mailing Address 1208 Braeburn Rd				— L	09	02 2014
					Amo	uni	
(City State		Zip Code				55.00
	Charlotte	;	28211				ID: 4264637b-fb8e-4c91-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 09	02 2014
	Name of Federal Candidate		<u> </u>	Support	Office Soug	ıht:	House District:00
	Ms. Kay Hagan			Oppose	Presid		X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	278045.05	\square_{-}	Disburseme	ent For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
	James Tatro					M M M	/ D D / Y Y Y Y Y Y Y Y Y 2014
	Mailing Address 1208 Braeburn Rd				I	0.0	02 2017
					Amo	unt	
	City Stat	te	Zip Code				4.20
	Charlotte	<u> </u>	28211		Trans Date	saction II	D: d155974b-b764-48df-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [^M 09	02 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		278045.05	5	Disburseme 2014	ent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	7	59.20
(b	b) SUBTOTAL of Unitemized Independent Expenditures				· •	7	1 1 2 1 1 2
(c	c) TOTAL Independent Expenditures				· -		
Wi	nder penalty of perjury I certify that the independent expith, or at the request or suggestion of, any candidate or arry committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	04	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedul	le E)		1101120		PAGE 61 OF 65 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if [24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	ame of Payee Tonya Boyd				of Public Distribution/Dissemination
	J Address 2357 Fancy Cap Rd				08 29 / 2014
	, ,			Amou	nt
City		State	Zip Code		30.00
Mt. Ai		NC	27030		action ID: 46c5434d-542a-42e9-b of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001	М	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	ay Hagan		X Oppose	Preside	ent X Senate State: NC
_	calendar Year-To-Date er Election for Office Sought	2	278045.05	Disbursemen 2014 O	t For: Primary
	ame of Payee			Date	of Public Distribution/Dissemination
Ms.	Tonya Boyd			IV	08 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	g Address 2357 Fancy Cap Rd				
	•			Amou	nt
City		State	Zip Code		25.29
Mt. A		NC	27030	Transa Date	ction ID: 6190b925-de4c-4156-8 of Disbursement or Obligation
Purpo: Milea	se of Expenditure ge		Category/ Type 002		08 / 29 / Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	278045.05	Disbursemen 2014 O	t For:
(a) SUI	BTOTAL of Itemized Independent Expenditur	es		• •	55.29
(b) SUI	BTOTAL of Unitemized Independent Expendi	tures		· •	7 7 7
(c) TO	FAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09 /	04 2014
Sign	ature				

Schedule E)		PAGE 62 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report A	mends report filed on	M / D D / Y D Y D Y
Full Name of Payee Serena A Jones	M	
Mailing Address 7151 Mullins Drive	Amount	26 2014
City State Zip Code		70.00
Saltville VA 24370		ction ID: e57233d4-6f09-4a99-9 Disbursement or Obligation
Purpose of Expenditure Salary Category Type	/ 001 M	M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose Presider	state: NC
Calendar Year-To-Date Per Election for Office Sought 278045.05	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Serena A Jones Mailing Address 7151 Mullins Drive	M	Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution/Dissemination Public Distribution Pub
City State Zip Code		38.70
Saltville VA 24370	Transac Date of	tion ID: 4f9c5073-98f5-4448-b Disbursement or Obligation
Purpose of Expenditure Mileage Category Type	/ 002	18 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought 278045.	05 Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	108.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	77
(c) TOTAL Independent Expenditures	· ·	4 4
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09	04 2014
Signature		

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 63 OF 65 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Serena A Jones			08 / 27 / 2014	
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code	60.00	
Saltville	VA	24370	Transaction ID: b21bc088-9172-4d58-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		278045.05	Disbursement For: Primary General Qu14 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Serena A Jones			08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code	32.40	
Saltville	VA	24370	Transaction ID : 2cd645c1-4aea-4229-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 27 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	278045.05	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendent	litures		92.40	
(b) OUDTOTAL of Heiberiand Index and the English France (house				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •	
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09	
•				

Schedule E)	IN EXILIE	TIONES	PAGE FOR SE	64 OF 65 OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼	
Women Speak Out PAC			C C005307	66	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y	
Full Name of Payee			Date of Public Distribu	tion/Dissemination	
Serena A Jones			08 / 28	/ Y Y Y Y Y Y 2014	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code		100.00	
Saltville	VA	24370	Transaction ID: 440e2 Date of Disbursement		
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D 28	2014	
Name of Federal Candidate		Support	Office Sought: House	District: 00	
Ms. Kay Hagan		X Oppose	President X Senate	e State: NC	
Calendar Year-To-Date Per Election for Office Sought	, ,	278045.05	Disbursement For: Prin 2014 Other (specify) ▶	nary X General	
Full Name of Payee			Date of Public Distribu	tion/Dissemination	
Serena A Jones			08 28	/ Y Y Y Y Y 2014	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code		41.10	
Saltville	VA	24370	Transaction ID : b3d01 Date of Disbursement		
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D D	2014	
Name of Federal Candidate		Support	Office Sought: House	e District: 00	
Ms. Kay Hagan		X Oppose	President Senat		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	278045.05	Disbursement For: Prir 2014 Other (specify) ▶	nary X General	
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	141.10	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			>	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 04 / Y	2014	
- 3					

Schedule E)		DITORLO	PAGE 65 OF 65 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination		
Mailing Address 915 E Market Ave			09 02 2014 Amount		
City Searcy	State AR	Zip Code 72149	40.00 Transaction ID : d756ef80-e327-4a2f-8		
Purpose of Expenditure			Date of Disbursement or Obligation		
Salary		Category/ Type 001	09 02 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	-,,	73628.00	Disbursement For: Primary General 2014		
Full Name of Payee			Date of Public Distribution/Dissemination		
Benjamin Hernandez			09 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 915 E Market Ave			Amount		
City	State	Zip Code	21.00		
Searcy	AR	72149	Transaction ID: 7cda8f32-2e7a-47e7-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 / 02 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		73628.00	Disbursement For: Primary General 2014 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expand	iturae		61.00		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			5721.07		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09		
Signature					